

Lessons From the Practice

Unfinished Business

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A tall, weary-looking woman sat on the examination table and faced me, her legs crossed, her back straight. She leaned forward, a gesture of prim but faded elegance.

"All she does is follow me around. She hovers like I'm an invalid. I don't need that yet, Doctor," she said heavily.

Mrs Evans was in the clinic for a re-check, her first since the start of the radiation treatments. Her gray hair was styled in gentle curls to her shoulders, and she had brightened her pallid cheeks with rouge. She wore a flower print white blouse, simple black dress slacks, and a plain gold necklace. Her appearance bespoke a cultivated sense of style, a tenuous link to a well-mannered, comfortable past. At one time she had been quite stunning and had shown me a snapshot taken just after the war—a dramatically posed pin-up girl with raven hair, sitting on a beach towel, resting back on her outstretched arms, laughing elaborately. Now, 45 years later, her body was swiftly and malignantly decaying. There was a sorrowful contrast between reality and the aging beauty she had been and still imagined herself.

Mrs Evans had sought care two months ago for a cough and weight loss and had the kind of frightening and apathetic look one often sees on the faces of patients with cancer, before the diagnosis is made. I had been treating her for hypertension for three years before that and had tried many times to get her to stop smoking. She had spoken often of Carolyn, her daughter. Carolyn lived in a small town about 300 miles away and seldom visited or wrote, except to borrow money or cry on her shoulder. Mrs Evans complained bitterly about her daughter's insensitivity, despite all the love she had been given. I had inured myself to the stories and rarely commented on their relationship as I saw it: Disillusioned mother and ungrateful daughter spent years communicating as if they were carefully stepping through a field of emotional land mines. Mrs Evans felt used and neglected but loaned her daughter money nonetheless, out of some sense of love, guilt, and obligation. When Carolyn found out about the cancer, she moved back into the old family home with her mother.

"My daughter announced to everyone, like she was some great heroine, 'I'm going to care for my mother.' Like it was some great sacrifice. It's easy now. What about all of the past?" she asked rhetorically and began to cry through stifled sobs. A tear hung for a moment on the rim of her cheek, then fell. It trickled down the front of her chest, disappeared under a fold of the blouse, and streaked the purple hash marks the radiation therapist had left behind.

I remained silent, taking in the thick, uncomfortable air of

her tragedy. "Now she says she loves me and combs my hair and strokes my forehead like I'm helpless. This false affection makes me sick, Doctor."

"Have you told her just exactly how you feel?" I asked.

"No. I don't want to upset her." Her eyes brimmed. "And it wouldn't do any good."

"Why are you afraid to upset her?" I asked curtly. "What does it matter now?"

She looked up and considered my challenge. "I guess it doesn't, really."

"You both have a final opportunity to straighten out your hassles and unfinished business and communicate with each other for once. If she resents your desire to be alone, then maybe she will have to learn what it means to be a loving daughter, and you will finally begin some honest dialogue and quit holding onto pretenses."

She fell silent, and I felt a bit embarrassed by my outburst, my first comments after listening to her gripe for years. We spent the remainder of the visit cloaked in uneasy silence, and she left the office with a terse "Goodbye, Doctor. Thank you."

Afterwards I tried to understand why I had been so upset by my patient. In part it was the pathetic years of masquerade and platitudes that would continue until she died. And then it would be too late for either of them. But more than that, I recognized myself in Mrs Evans, and it stung.

I have avoided so many opportunities to come clean with my feelings, out of fear that my words may jeopardize the status quo, with patients and family and friends. Ironically, with those I am closest to, I often struggle, like Mrs Evans, to preserve a sanitary fabrication that allows me to duck the hard issues: expressions of love and anger, disappointment, and fear of change. Mrs Evans presented me with the same challenge that I had thrown up to her. It was not too late for either of us.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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